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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
BEFORE THE TRADEMARK TRIAL AND APPEAL BOARD

| | |
|------------------------|--|
| Proceeding | 92052897 |
| Party | Defendant Galderma Laboratories, Inc. |
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| Submission | Other Motions/Papers |
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| Signature | /Lisa N. Congleton/ |
| Date | 04/27/2012 |
| Attachments | Declaration of Lisa N. Congleton Part 1.pdf (52 pages)(4630634 bytes) |

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
BEFORE THE TRADEMARK TRIAL AND APPEAL BOARD**

 γ

Reg. Nos.: 2,985,751 and 3,394,514

I, LISA N. CONGLETON, declare as follows:

- DECLARATION OF LISA N. CONGLETON
IN SUPPORT OF REGISTRANT'S MOTION FOR PARTIAL SUMMARY JUDGMENT**

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e. Exhibit E is a screen shot of an article published by MedicineNet.com at www.medicinenet.com entitled "Eczema," discussing eczema and treatments therefor.

f. Exhibit F is a screen shot of an article published by National Eczema Association ("NEA") at www.nationaleczema.org entitled "All About Atopic Dermatitis," discussing eczema and treatments therefor.

g. Exhibit G is a screen shot of an article published by National Eczema Association at www.nationaleczema.org entitled "Education Resource Center: Nontraditional Treatments to Treat Eczema," discussing eczema and nontraditional or alternative therapies therefor.

h. Exhibit H is a screen shot of a webpage from www.nationaleczema.org showing Registrant's RESTORADERM products listed among NEA's product directory of skin care products that have been awarded NEA's Seal of Acceptance.

6. Exhibit I attached hereto is a true and correct copy of an article published by the Mayo Clinic, at www.mayoclinic.com, on August 23, 2011 entitled "Atopic dermatitis (eczema)."

7. On January 17, 2012, Petitioner served Initial Disclosures under Fed. R. Civ. P. 26(A)(1), and documents identified therein, upon Registrant in connection with this Cancellation. The following documents, attached hereto as exhibits as indicated, are true and correct copies of documents disclosed and served by Petitioner upon Registrant on January 17, 2012:

REDACTED

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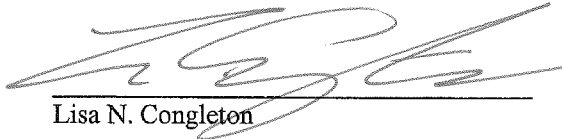
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8. On March 15, 2012, Petitioner served First Updated Initial Disclosure, Response to Registrant's First Set of Interrogatories, Response to Registrant's First Requests for Admissions, Response to Registrant's First Request for Production and produced documents identified therein upon Registrant in connection with this Cancellation. Exhibit Q attached hereto is a true and correct copy of Petitioner's response to Request for Admission 38, in which Petitioner admits that eczema is a skin disorder.

9. Attached as Exhibit P is a true and correct copy of the Acknowledgement of Deed of Assignment from CollaGenex Pharmaceuticals, Inc. to Galderma Laboratories, Inc. of Registrant's U.S. Reg. Nos. 2,985,751 and 3,394,514 as filed with the U.S. Patent and Trademark Office on December 8, 2009.

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I declare, under penalty of perjury under the laws of the United States of America and 28 U.S.C. § 1746, that the foregoing is true and correct, and that this declaration was executed this 27th day of April 2012 in Dallas, Texas.



Lisa N. Congleton

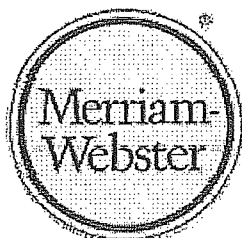
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EXHIBIT A

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6 ENTRIES FOUND:

therapeutic (adjective)
therapeutic index (noun)
therapeutic positivism (noun)

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ther·a·peu·tic *adj* \,ther-ə-'pyū-tik\

Definition of THERAPEUTIC

Like

- 1 : of or relating to the treatment of disease or disorders by remedial agents or methods <a *therapeutic* rather than a diagnostic specialty>
- 2 : providing or assisting in a cure : CURATIVE, MEDICINAL <*therapeutic* diets> <a *therapeutic* investigation of government waste>

— *therapeutic* *noun*

— *ther·a·peu·ti·cal·ly* *adverb*

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Origin of THERAPEUTIC

Greek *therapeutikos*, from *therapeuein* to attend, treat, from
theraps attendant
First Known Use: 1646

Related to THERAPEUTIC

Synonyms: curative, healing, officinal, remedial, restorative,
medicinal
[+] more

Other Medicine Terms

analgesia, angina, diabetes, hepatitis, homeopathy,
logorrhea, palliate, pandemic

Rhymes with THERAPEUTIC

hermeneutic, parachutic, propaedeutic

Learn More About THERAPEUTIC

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Felecia Reaves-young · ITT Technical Institute

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Tom Merrigan · Christian radical, grunted activist, and general menace to society. at God

Reading about the ancient Therapeutae.

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Paul A Brack · Jacksonville, Florida

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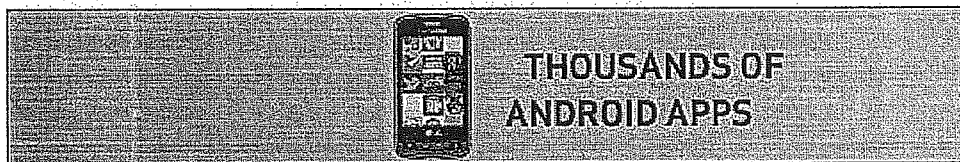


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EXHIBIT C

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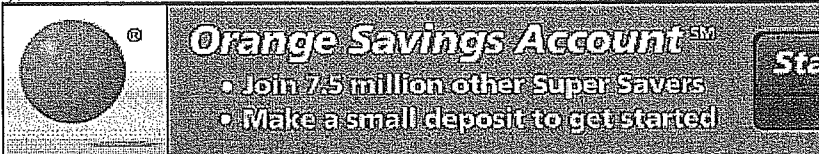


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Main Entry: **therapeutic** ⓘ [ther-uh-pyoo-tik] ⓘ [Show IPA](#)

Part of Speech: *adjective*

Definition: healing

Synonyms: ameliorative, analeptic, beneficial, corrective, curative, good, remedial, restorative, salubrious, salutary, sanative

Antonyms: damaging, harmful, hurtful, injurious, untherapeutic

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Main Entry: curative

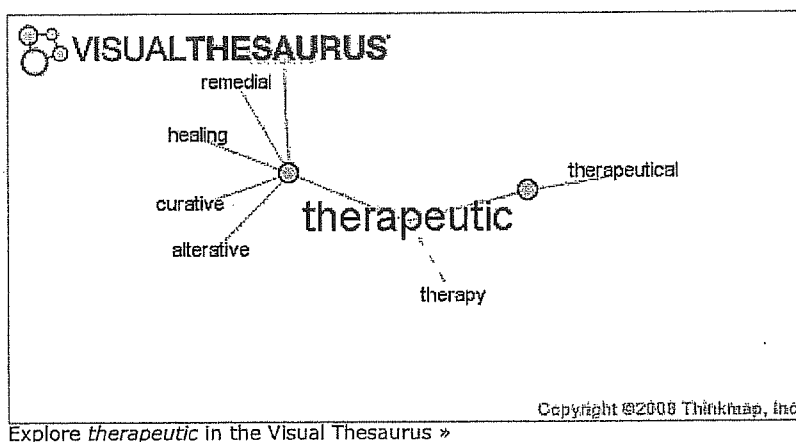
Part of Speech: *adjective*

Definition: healing, health-giving

Synonyms: alleviative, beneficial, corrective, curing, healthful, helpful, invigorating, medicable, medicative, medicinal, pick-me-up, remedial, remedying, restorative, salutary, sanative, shot in the arm, **therapeutic**, tonic, vulnerary, what the doctor ordered, wholesome

tou?

Main Entry: cure
Part of Speech: *noun*
Definition: solution to problem, often health
Synonyms: aid, alleviation, antidote, assistance, catholicon, corrective, counteractant, counteragent, countermeasure, drug, elixir, elixir vitae, fix, healing, healing agent, help, medicament, medicant, medication, medicine, nostrum, panacea, pharmacon, physic, placebo, proprietary, quick fix, recovery, redress, remedy, reparation, restora-tive, **therapeutic** , treatment
Antonyms: disease, problem



Explore *therapeutic* in the Visual Thesaurus »

Main Entry: remedial
Part of Speech: *adjective*
Definition: healing, restorative
Synonyms: alleviative, antidotal, antiseptic, corrective, curative, curing, health-giving, healthful, invigorating, medicating, medicinal, purifying, recuperative, reformatory, remedying, repairing, restitutive, sanative, sanatory, solving, soothing, **therapeutic** , tonic, treating, vulnerary, wholesome
Notes: **remediable** means capable of relieving pain, curing disease, or correcting a disorder;
remedial means tending or intended to rectify or improve
Antonyms: damaging, harmful, hurtful, injurious

Main Entry: medical

Part of Speech: *adjective*

Definition: healing

Synonyms: alleviating, cathartic, curative, disinfectant, medicating, medicinal, narcotic, pathological, peptic, pharmaceutical, preventive, prophylactic, restorative, salutary, sedative, **therapeutic**, tonic

Main Entry: medicinal

Part of Speech: *adjective*

Definition: curative

Synonyms: curing, healing, medical, medicative, remedial, restorative, **therapeutic**

);



Main Entry: restorative

Part of Speech: *adjective*

Definition: medicinal

Synonyms: antidotal, corrective, curative, healthful, recuperative, remedial, **therapeutic**

Main Entry: medical

Part of Speech: *adjective*

Definition: pertaining to medicine

Synonyms: aesculapian, corrective, curative, healing, iatric, iatrical, medicative, medicinal, **therapeutic**, therapeutical

Therapeutic Synonyms: aesculapian, curing, healing, medical, medicative,

pharmaceutic, remedial, salutary, **therapeutic**

Part of Speech: *adjective*

Definition: curative

Synonyms: aesculapian, curing, healing, medical, medicative, pharmaceutic, remedial, salutary, **therapeutic**

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EXHIBIT D



Article Link: <http://www.webmd.com/skin-problems-and-treatments/eczema/atopic-dermatitis-eczema?page=2>

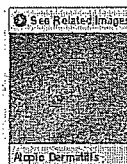
Eczema Health Center



Skin Conditions and Eczema

Eczema is term for a group of medical conditions that cause the skin to become inflamed or irritated. The most common type of eczema is known as atopic dermatitis, or atopic eczema. Atopic refers to a group of diseases with an often inherited tendency to develop other allergic conditions, such as asthma and hay fever.

Eczema affects about 10% to 20% of infants and about 3% of adults and children in the U.S. Most infants who develop the condition outgrow it by their tenth birthday, while some people continue to experience symptoms on and off throughout life. With proper treatment, the disease can be controlled in the majority of sufferers.



[See Pictures of Eczema and Other Common Skin Problems](#)

What Are the Symptoms of Eczema?

No matter which part of the skin is affected, eczema is almost always itchy. Sometimes the itching will start before the rash appears, but when it does the rash most commonly occurs on the face, back of the knees, wrists, hands, or feet. It may also affect other areas as well.

Affected areas usually appear very dry, thickened, or scaly. In fair-skinned people, these areas may initially appear reddish and then turn brown. Among darker-skinned people, eczema can affect pigmentation, making the affected area lighter or darker.

In infants, the itchy rash can produce an oozing, crusting condition that occurs mainly on the face and scalp, but patches may appear anywhere.

What Causes Eczema?

The exact cause of eczema is unknown, but it's thought to be linked to an overactive response by the body's immune system to an irritant. It is this response that causes the symptoms of eczema.

In addition, eczema is commonly found in families with a history of other allergies or asthma.

Some people may suffer "flare-ups" of the itchy rash in response to certain substances or conditions. For some, coming into contact with rough or coarse materials may cause the skin to become itchy. For others, feeling too hot or too cold, exposure to certain household products like soap or detergent, or coming into contact with animal dander may cause an outbreak. Upper respiratory infections or colds may also be triggers. Stress may cause the condition to worsen.

Although there is no cure, most people can effectively manage their disease with medical treatment and by avoiding irritants. The condition is not contagious and can't be spread from person to person.

How Is Eczema Diagnosed?

A pediatrician, dermatologist, or your primary care provider can make a diagnosis of eczema. Since many people with eczema also suffer from allergies, your doctor may perform allergy tests to determine possible irritants or triggers. Children with eczema are especially likely to be tested for allergies.

How Is Eczema Treated?

The goal of treatment for eczema is to relieve and prevent itching, which can lead to infection. Since the disease makes skin dry and itchy, lotions and creams are recommended to keep the skin moist. These products are usually applied when the skin is damp, such as after bathing, to help the skin retain moisture. Cold compresses may also be used to relieve itching.

How Is Eczema Treated? continued...

Over-the-counter products, such as hydrocortisone 1% cream, or prescription creams and ointments containing corticosteroids are often prescribed to reduce inflammation. For severe cases, your doctor may prescribe oral corticosteroids. In addition, if the affected area becomes infected, your doctor may prescribe antibiotics to kill the infection-causing bacteria.

Other treatments include antihistamines to reduce severe itching, tar treatments (chemicals designed to reduce itching), phototherapy (therapy using ultraviolet light applied to the skin) and the drug cyclosporine for people whose condition doesn't respond to other treatments.

The FDA has approved two drugs known as topical immunomodulators (TIMs) for the treatment of mild-to-moderate eczema. The drugs, Elidel and Protopic, are skin creams that work by altering the immune system response to prevent flare-ups.

The FDA has warned doctors to prescribe Elidel and Protopic with caution due to concerns over a possible cancer risk associated with their use. The two creams also carry the FDA's "black box" warning on their packaging to alert doctors and patients to these potential risks. The warning advises doctors to prescribe short-term use of Elidel and Protopic only after other available eczema treatments have failed in adults and children over the age of 2. It should not be used in kids under age 2.

How Can Eczema Flare-ups Be Prevented?

Eczema outbreaks can sometimes be avoided or the severity lessened by following these simple tips.

Moisturize frequently
Avoid sudden changes in temperature or humidity
Avoid sweating or overheating
Reduce stress
Avoid scratchy materials, such as wool
Avoid harsh soaps, detergents, and solvents
Be aware of any foods that may cause an outbreak and avoid those foods

Further Reading:

Picture of Pityriasis Rosea
Slideshow: Newborn Skin Care
Eczema: Detecting and Treating This
Skin Condition
Slideshow: A Visual Guide to Psoriasis
Picture of Eczema Herpeticum
Wilderness: Allergic Reactions
Treatment
Allergies Glossary of Terms
See All Atopic Dermatitis Topics

Top Picks

Stress and Your Skin
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WebMD Medical Reference

Reviewed by Steven Q. Wang, MD on October 15, 2011

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Eczema

- What is eczema?
- What are the **causes** of eczema?
- What are eczema **symptoms and signs** in babies, children, and adults?
- What are the different types of eczema?
- How is eczema diagnosed?
- What is the **treatment** for eczema?
- Can eczema be prevented?
- Eczema At A Glance
- Patient Discussions: Eczema - Treatments
- Patient Discussions: Eczema - Experience

What is eczema?

Eczema is a general term for many types of skin inflammation (dermatitis). The most common form of eczema is atopic dermatitis (sometimes these two terms are used interchangeably). However, there are many different forms of eczema.

Eczema can affect people of any age, although the condition is most common in infants, and about 85% of those affected have an onset prior to 5 years of age. Eczema will permanently resolve by age 3 in about half of affected infants. In others, the condition tends to recur throughout life. People with eczema often have a family history of the condition or a family history of other allergic conditions, such as asthma or hay fever. The nature of the link between these conditions is inadequately understood. Up to 20% of children and 1%-2% of adults are believed to have eczema. Eczema is slightly more common in girls than in boys. It occurs in people of all races.

Eczema is not contagious, but since it is believed to be at least partially inherited, it is not uncommon to find members of the same family affected.

What are the causes of eczema?

Doctors do not know the exact cause of eczema, but a defect of the skin that impairs its function as a barrier, possibly combined with an abnormal function of the immune system, are believed to be important factors. Studies have shown that in people with atopic dermatitis there are gene defects that lead to abnormalities in certain proteins (such as filaggrin) that are important in maintaining the barrier of normal skin.

Some forms of eczema can be triggered by substances that come in contact with the skin, such as soaps, cosmetics, clothing, detergents, jewelry, or sweat. Environmental allergens (substances that cause allergic reactions) may also cause outbreaks of eczema. Changes in temperature or humidity, or even psychological stress, can lead to outbreaks of eczema in some people.

What are eczema symptoms and signs in babies, children, and adults?

Eczema most commonly causes dry, reddened skin that itches or burns, although the appearance of eczema varies from person to person and varies according to the specific type of eczema. Intense itching is generally the first symptom in most people with eczema. Sometimes, eczema may lead to blisters and oozing lesions, but eczema can also result in dry and scaly skin. Repeated scratching may lead to thickened, crusty skin.

While any region of the body may be affected by eczema, in children and adults, eczema typically occurs on the face, neck, and the insides of the elbows, knees, and ankles. In infants, eczema typically occurs on the forehead, cheeks, forearms, legs, scalp, and neck.

Eczema can sometimes occur as a brief reaction that only leads to symptoms for a few hours or days, but in other cases, the symptoms persist over a longer time and are referred to as chronic dermatitis.

What are the different types of eczema?

Atopic dermatitis is the most common of the many types of eczema, and sometimes people use the two terms interchangeably. But there are many terms used to describe specific forms of eczema that may have very similar symptoms to atopic dermatitis. These are listed and briefly described below.

Atopic dermatitis

Atopic dermatitis is a chronic skin disease characterized by itchy, inflamed skin and is the most common cause of eczema. The condition tends to come and go, depending upon exposures to triggers or causative factors. Factors that may cause atopic dermatitis (allergens) include environmental factors like molds, pollen, or pollutants; contact irritants like soaps, detergents, nickel (in jewelry), or perfumes; food allergies; or other allergies. Around two-thirds of those who develop the condition do so prior to 1 year of age. When the disease starts in infancy, it is sometimes termed infantile eczema. Atopic dermatitis tends to run in families, and people who develop the condition often have a family history of other allergic conditions such as asthma or hay fever.

Contact eczema

Contact eczema (contact dermatitis) is a localized reaction that includes redness, itching, and burning in areas where the skin has come into contact with an allergen (an allergy-causing substance to which an individual is sensitized) or with a general irritant such as an acid, a cleaning agent, or other chemical. Other examples of contact eczema include reactions to laundry detergents, soaps, nickel (present in jewelry), cosmetics, fabrics, clothing, and perfume. Due to the vast number of substances with which individuals have contact, it can be difficult to determine the trigger for contact dermatitis. The condition is sometimes referred to as *allergic contact eczema* (allergic contact dermatitis) if the trigger is an allergen and *irritant contact eczema* (irritant contact dermatitis) if the trigger is an irritant. Skin reactions to poison ivy and poison sumac are examples of allergic contact eczema. People who have a history of allergies have an increased risk for developing contact eczema.

Seborrheic eczema

Seborrheic eczema (seborrheic dermatitis) is a form of skin inflammation of unknown cause. The signs and symptoms of seborrheic eczema include yellowish, oily, scaly patches of skin on the scalp, face, and occasionally other parts of the body. Dandruff and "cradle cap" in infants are examples of seborrheic eczema. It is commonplace for seborrheic dermatitis to inflame the face at the creases of the cheeks and/or the nasal folds. Seborrheic dermatitis is not necessarily associated with itching. This condition tends to run in families. Emotional stress, oily skin, infrequent shampooing, and weather conditions may all increase a person's risk of developing seborrheic eczema. One type of seborrheic eczema is also common in people with AIDS.

Nummular eczema

Nummular eczema (nummular dermatitis) is characterized by coin-shaped patches of irritated skin -- most commonly located on the arms, back, buttocks, and lower legs -- that may be crusted, scaling, and extremely itchy. This form of eczema is relatively uncommon and occurs most frequently in elderly men. Nummular eczema is usually a chronic condition. A personal or family history of atopic dermatitis, asthma, or allergies increases the risk of developing the condition.

Neurodermatitis

Neurodermatitis, also known as lichen simplex chronicus, is a chronic skin inflammation caused by a scratch-itch cycle that begins with a localized itch (such as an insect bite) that becomes intensely irritated when scratched. Women are more commonly affected by neurodermatitis than men, and the condition is most frequent in people 20-50 years of age. This form of eczema results in scaly patches of skin on the head, lower legs, wrists, or forearms. Over time, the skin can become thickened and leathery. Stress can exacerbate the symptoms of neurodermatitis.

Stasis dermatitis

Stasis dermatitis is a skin irritation on the lower legs, generally related to the circulatory problem known as venous insufficiency, in which the function of the valves within the veins has been compromised. Stasis dermatitis occurs almost exclusively in middle-aged and elderly people, with approximately 6%-7% of the population over 50 years of age being affected by the condition. The risk of developing stasis dermatitis increases with advancing age. Symptoms include itching and/or reddish-brown discoloration of the skin on one or both legs. Progression of the condition can lead to the blistering, oozing skin lesions seen with other forms of eczema, and ulcers may develop in affected areas. The chronic circulatory problems lead to an increase in fluid buildup (edema) in the legs. Stasis dermatitis has also been referred to as varicose eczema.

Dyshidrotic eczema

Dyshidrotic eczema (dyshidrotic dermatitis) is an irritation of the skin on the palms of hands and soles of the feet characterized by clear, deep blisters that itch and burn. The cause of dyshidrotic eczema is unknown. Dyshidrotic eczema is also known as vesicular palmoplantar dermatitis, dyshidrosis, or pompholyx. This form of eczema occurs in up to 20% of people with hand eczema and is more common during the spring and summer months and in warmer climates. Males and females are equally affected, and the condition can occur in people of any age.

How is eczema diagnosed?

To diagnose eczema, doctors rely on a thorough physical examination of the skin as well as the patient's account of the history of the condition. In particular, the doctor will ask when the condition appeared, if the condition is associated with any changes in environment or contact with certain materials, and whether it is aggravated in any specific situations. Eczema may have a similar appearance to other diseases of the skin, including infections or reactions to certain medications, so the diagnosis is not always simple. In some cases, a biopsy of the skin may be taken in order to rule out other skin diseases that may be producing signs and symptoms similar to eczema.

If a doctor suspects that a patient has allergic contact dermatitis, allergy tests, possibly including a skin "patch test," may be carried out in an attempt to identify the specific trigger of the condition.

There are no laboratory or blood tests that can be used to establish the diagnosis of eczema.

What is the treatment for eczema?

The goals for the treatment of eczema are to prevent itching, inflammation, and worsening of the condition. Treatment of eczema may involve both lifestyle changes and the use of medications. Treatment is always based upon an individual's age, overall health status, and the type and severity of the condition.

Keeping the skin well hydrated through the application of creams or ointments (with a low water and high oil content) as well as avoiding over-bathing (see "Can eczema be prevented?" section) is an important step in treatment. It is recommended to apply emollient creams such as petrolatum-based creams to the body immediately after a five-minute lukewarm bath in order to seal in moisture while the body is still wet. Lifestyle modifications to avoid triggers for the condition are also recommended.

Corticosteroid creams are sometimes prescribed to decrease the inflammatory reaction in the skin. These may be mild-, medium-, or high-potency corticosteroid creams depending upon the severity of the symptoms. If itching is severe, oral antihistamines may be prescribed. To control itching, the sedative type antihistamine drugs (for example, diphenhydramine [Benadryl], hydroxyzine [Atarax, Vistaril], and cyproheptadine) appear to be most effective.

In some cases, a short course of oral corticosteroids (such as prednisone) is prescribed to control an acute outbreak of eczema, although their long-term use is discouraged in the treatment of this non life-threatening condition because of unpleasant and potentially harmful side effects. The oral immunosuppressant drug cyclosporine has also been used to treat some cases of eczema. Ultraviolet light therapy (phototherapy) is another treatment option for some people with eczema.

Finally, two topical (cream) medications have been approved by the U.S. FDA for the treatment of eczema: tacrolimus (Protopic) and pimecrolimus (Elidel). These drugs belong to a class of immune suppressant drugs known as calcineurin inhibitors and are indicated only in patients over 2 years of age. In January 2006, the FDA issued a black box warning stating the long-term safety of calcineurin inhibitors has not been established. Although a causal relationship has not been established, rare cases of malignancy have been reported with their use. It is recommended that these drugs only be used as second-line therapy for cases that are unresponsive to other forms of treatment and that their use be limited to the minimum time periods needed to control symptoms. Use of these drugs should also be limited in people who have compromised immune systems.

Can eczema be prevented?

While there is no cure for eczema, you can take steps to manage your symptoms and lessen the severity of outbreaks. Such measures include

- avoidance of over-bathing;
- applying moisturizer frequently, especially after bathing;
- bathing in warm, not hot, water and using a mild soap;
- limiting or avoiding contact with known irritants like soaps, perfumes, detergents, jewelry, environmental irritants, etc.;
- wearing loose-fitting clothing (cotton clothing may be less irritating for many people than wool or synthetic fibers);
- the use of cool compresses to help control itching;
- avoiding foods that cause allergic reactions;

- exercise, meditation, or other stress-management techniques can help those for whom stress is a trigger;
- wearing protective gloves for activities that require frequent submersion of the hands in water;
- avoiding activities that make you hot and sweaty as well as abrupt changes in temperature and humidity;
- A humidifier should be used in both winter (when the heating dries the atmosphere) and in the summer (if air conditioning is used because it depletes the moisture in the air);
- Maintaining cool temperatures in sleeping areas, because heat can lead to sweating that worsens itching and irritation;
- practicing good skin hygiene even when you are not having symptoms.

Eczema At A Glance

- Eczema is a general term for many types of skin inflammation, also known as dermatitis. The term eczema is sometimes used interchangeably with atopic dermatitis, the most common form of eczema.
- Eczema is believed to result from a genetic defect that results in an abnormality of the skin's barrier function.
- Eczema is most common in infants and young children. All races can be affected.
- Triggers of eczema outbreaks can be environmental irritants or allergens; substances like soaps, perfumes, or chemicals; food allergies; lifestyle stress; or changes in temperature or humidity.
- Treatment can include oral or topical corticosteroids, antihistamines, or immune-suppressing drugs known as calcineurin inhibitors.
- While eczema is not preventable, self-care measures such as frequent hydration of skin and avoidance of extreme temperatures and known irritants can help manage symptoms and reduce the severity of outbreaks.

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ALL ABOUT ATOPIC DERMATITIS

WHAT IS ATOPIC DERMATITIS (AD)?

Atopic dermatitis (AD) is a disease that causes itchy, inflamed skin. It typically affects the insides of the elbows, backs of the knees, and the face, but can cover most of the body. AD falls into a category of diseases called atopic, a term originally used to describe the allergic conditions asthma and hay fever. AD was included in the atopic category because it often affects people who either suffer from asthma and/or hay fever or have family members who do. Physicians often refer to these three conditions as the "atopic triad." AD is not contagious. Research indicates that atopic diseases like AD are genetically determined, inherited from one's parents. A child with one parent who has an atopic condition has a one in four chance of having some form of atopic disease. If both parents are atopic, the child has a greater than one in two chance of being atopic.

AD almost always begins in childhood, usually during infancy. Its symptoms are dry, itchy, scaly skin, cracks behind the ears, and rashes on the cheeks, arms and legs. It alternately improves and worsens. During "flare-ups," open weeping or crusted sores may develop from scratching or from infections. Often the problem fades during childhood though people with AD have a lifelong tendency to have:

DRY SKIN — easily irritated

OCCUPATIONAL SKIN DISEASE — hand dermatitis

SKIN INFECTIONS — staph and herpes

EYE PROBLEMS — eyelid dermatitis, cataracts

FAMILY/SOCIAL RELATIONSHIPS DISRUPTED

WORK LOSS

Children affected by AD may suffer from asthma and hay fever at the same time, or one or both of these conditions may develop later. These diseases usually appear before age 30 and often continue throughout life.

AD is a very common disease, present worldwide, though it is more common in urban areas and developed countries. An estimated 10 percent of all people are at some time affected by AD (this may not apply in the tropics). It affects men and women of all races equally.

IS ECZEMA THE SAME AS AD?

Eczema is a general term for any type of dermatitis or "inflammation of the skin." Atopic dermatitis (AD) is the most severe and chronic (long-lasting) kind of eczema. Although the term eczema is often used for atopic dermatitis, there are several other skin diseases that are eczemas as well. A partial list of eczemas includes: atopic dermatitis, nummular eczema, dyshidrotic eczema, seborrheic dermatitis, irritant contact dermatitis, allergic contact dermatitis. All types of eczema cause itching and redness and some will blister, weep or peel.



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WHAT SETS OFF AD?

AD tends to flare-up when the person is exposed to certain trigger factors—substances or conditions which worsen the dermatitis such as dry skin, irritants, allergens, emotional stress, heat and sweating, and infections. The key to controlling AD is avoiding or reducing such exposure. People with atopic diseases are usually sensitive to certain irritating substances. Some of these substances are irritants and others are allergens. Irritants are substances that cause burning, itching or redness such as solvents, industrial chemicals, detergents, fumes, tobacco smoke, paints, bleach, woolens, acidic foods, astringents and other alcohol containing skin care products and some soaps and fragrances. If an irritant is potent or concentrated enough, it can irritate anyone's skin, whether they have AD or not.

Allergens are more subtle trigger factors. An allergen does not irritate, but may trigger an AD flare-up in those who have become allergic to it from prior exposure. Allergens are usually animal or vegetable proteins from foods, pollens or pets. When people with AD are exposed to an irritant or allergen to which they are sensitive, inflammation producing cells come into the skin. There, they release chemicals that cause itching and redness. Further damage occurs when the person scratches and rubs the affected area. All AD sufferers must avoid irritants, while those with known allergies should likewise avoid allergens. Detecting an allergic substance can be difficult, as discussed below.

WHAT ABOUT FOOD ALLERGIES?

Food allergies can cause flare-ups. Since an allergic reaction to food (either by skin contact during food preparation or by eating the food) can trigger an AD flare-up, it is important to identify the trigger foods. Diagnosing food allergies is extremely difficult. The surest way is to observe a worsening of eczema when a particular food is eaten. Sometimes this is only a coincidence with flaring and needs to be verified with a food challenge, where the suspected food is eaten in the doctor's office. Withholding foods should be done only under the supervision of a physician, as serious nutritional damage can be caused by the elimination of foods suspected to cause flare-ups. Patients are seldom allergic to more than one or two foods.

A skin test, made by scratching the skin with the suspected allergen, is helpful if the test is negative (indication that the particular food will not affect the patient). If the scratched area becomes inflamed, the test is considered positive. But, unfortunately, positive results are difficult to interpret and are accurate only about 20 percent of the time. At best, positive tests provide a clue to a possible allergy but should not be accepted as the last word. Additionally, because the skin of AD sufferers is so sensitive, simply scratching it can cause inflammation, making the likelihood of a false positive skin test even higher. A blood test is another type of test to detect food allergies. Blood tests also have a very high rate of false positives and may be expensive.

WHAT ABOUT OTHER ALLERGIES?

Occasionally people with AD notice a worsening of their condition when exposed to airborne allergens, such as pets or dusty rooms. An allergy to dust mites (tiny organisms present in household dust) may worsen AD in some people. As with foods, positive scratch and blood tests are not very reliable for diagnosing an allergy to airborne substances. Research is being done on a "patch test" in which the suspected allergen is placed on the surface of the skin under a protective bandage. For now, however, the best approach is still the trial and error challenge method, exposure and avoidance under physician observation. Allergy shots do not seem helpful for people with AD. In some cases, the AD actually worsens during allergy shot therapy, even as the allergy symptoms are improving.



WHAT ABOUT EMOTIONAL STRESS?

Many older AD children and adults recognize a relationship between stressful occurrences in their lives and their AD flare-ups. Anger, frustration and embarrassment all may cause flushing and itching. The resultant scratching can cascade into perpetuating dermatitis. People with AD can learn how to avoid stress-triggered flare-ups. Two key concepts are involved:

1. Coping with psychologically stressful events
2. Controlling scratching behavior

WHAT ABOUT CLIMATE, HEAT, HUMIDITY?

Extreme cold or hot temperatures, or sudden changes in temperature, are poorly tolerated by persons with AD. High humidity causes increased sweating and may result in prickly heat-type symptoms. Low humidity dries the skin, especially during winter months when homes are heated. Unfortunately, humidifiers do not help much; the best protection against "winter itch" is regular application of a good moisturizer. While you can do little about the climate (and moving to a new climate is usually not recommended), you can try to keep your home environment comfortable. Keeping thermostats set low and wearing fewer bedclothes, to prevent night sweating, are two ways to combat the problem.

WHAT ABOUT EXERCISE?

The only problem with exercise is that the resultant sweating generally causes itching. Layers of clothing can be removed to avoid overheating. Strenuous exercise is best avoided when a flare-up occurs.



WHAT CAN BE DONE WHEN AD FLARES?

The best line of defense against AD is prevention, but flare-ups rarely can be avoided. Once inflammation begins, prompt treatment as directed by a physician is needed. Bathing or wet compresses may ease the itch. Cortisone (steroid) creams applied directly to the affected area are helpful and a mainstay of therapy.

Cortisone pills or shots are sometimes used but they are not safe for long-term use. Researchers are constantly seeking new and safer drugs to control the itch and inflammation. Another treatment option is the use of ultraviolet light or sunlamps. Under a physician's supervision, some AD sufferers find this treatment helps. Tar baths, antihistamines, and antibiotics are often used, but these, too, meet with limited success. Treatments that may have minimal success include vitamins, mineral supplements, enriched diets, or nutritional supplements.

Topical calcineurin inhibitors (TCIs) are a family of topical medications that work to inhibit the skin's inflammatory response (which is what causes the redness and also contributes to itching). There are two FDA approved nonsteroid drugs: tacrolimus and pimecrolimus. TCIs are not steroids and do not cause thinning of the skin but they can suppress the immune system in the skin so that the use of sun protection for anyone receiving this therapy is recommended.

WHAT CAN BE DONE ABOUT DRY SKIN?

AD sufferers always have very dry, brittle skin. The external layer of the skin, the stratum corneum, acts as a protective barrier. When the stratum corneum cracks because of dryness, irritants can reach the sensitive layers below and cause a flare-up of AD. Using moisturizers is the best and safest treatment to prevent dry skin. Moisturizers trap water beneath the skin making it flexible and less likely to crack. Research has found that the most effective moisturizers have ointment bases such as petrolatum. Cream based products are also helpful.

Moisturizers work best when applied to wet skin. Lotions contain water and alcohol which can actually dry the skin and are usually inadequate for the very dry skin of atopics. People with AD can bathe regularly and use mild skin cleansers, as long as they follow these simple rules:

- use warm (not hot) water
- avoid excessive scrubbing, and towel drying
- apply a moisturizer to damp skin within three minutes after bathing

WHAT CAN BE DONE ABOUT INFECTIONS?

People with AD are prone to skin infections, especially staph and herpes. In general, infections are hard to prevent but should be treated promptly to avoid aggravating the AD. It is important that persons with AD, or their parents, learn to recognize the early signs of skin infections and consult a physician immediately. Signs to watch for include redness, pus-filled bumps (pustules), and cold sores or fever blisters. Sometimes viral "colds" or "flu" cause AD flare-ups. Worsening can be avoided by taking extra skin care steps while the virus runs its course.

CAN SUFFERERS OF AD LIVE NORMAL LIVES?

YES! People with AD do not have to be limited by their disease. It can be controlled by prevention, medication, and careful adherence to a treatment program supervised by a doctor.



SUGGESTIONS FOR CONTROL:

ESTABLISH A SKIN CARE ROUTINE. Following the physician's instructions is crucial for keeping AD under control. This takes a lot of time and effort. Some sufferers may resent the effort or even deny that their skin needs special care. Resentment and denial are natural reactions to any disease. Failure to overcome these reactions, however, can lead to additional behavior that is harmful to the skin, such as wearing fabrics that irritate the skin, missing skin treatments, and forgetting medications.

ESTABLISH A SCHEDULE WITH A REGULAR DAILY ROUTINE. Include skin care along with all other activities of daily living such as brushing and flossing teeth or washing dinner dishes. It is important to maintain a flexible attitude so that when the dermatitis flares and extra skin care is needed, it can be worked into the routine.

RECOGNIZE STRESSFUL SITUATIONS AND EVENTS. To cope with the stress in your life, you must first notice when and how often stressful situations arise. These include day-to-day hassles as well as major events such as a job change, money problems, legal difficulties, family illness, etc. Ask yourself, "How do I react to stress? How does my body feel when I am stressed?"

LEARN STRESS MANAGEMENT TECHNIQUES. Certain approaches to reducing stress can be done on your own, such as setting priorities and organizing your time. Some activities that may reduce stress are regular aerobic exercise, hobbies, and meditation.

Other approaches may require expert assistance such as a brief consultation with a psychologist.

BE AWARE OF SCRATCHING. Keep a record of times and situations when scratching is worst, and try to limit your exposure to such situations. Many people with AD scratch the most during idle times. Engaging in a structured activity with other people or keeping busy with activities that involve the use of your hands may help prevent scratching. Control your environment. Avoid irritants and allergens. Avoid low humidity. Wear cotton clothing. Guard against infection. Moisturize.

For a complimentary copy of the NEA print newsletter, *The Advocate*, and an eczema information package, please contact us.

We are always here to help!

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This information sets forth current opinions from recognized authorities, but it does not dictate an exclusive treatment course. Persons with questions about a medical condition should consult a physician who is knowledgeable about that condition.

The National Eczema Association (NEA) improves the health and quality of life for individuals with eczema through research, support, and education. NEA is entirely supported through individual and corporate contributions and is a 501(c)(3) tax-exempt organization. NEA is the only organization in the United States advocating solely for eczema patients.

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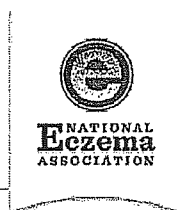
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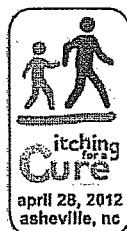
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SPECIAL EVENTS



EDUCATION RESOURCE CENTER: NONTRADITIONAL TREATMENTS TO TREAT ECZEMA

Many people have tried some type of alternative medication to treat their eczema. These treatments may provide some relief, but their safety and efficacy have not been well tested, and they have not have been evaluated by the US Food and Drug Administration (FDA). It is important for you to tell your doctor if you are taking any of these nontraditional remedies. And it is especially important for your doctor to know if you are taking any of these nontraditional remedies while you are taking any kind of medicine. People sometimes try these remedies if they are frustrated with their other treatments. Here is a list of things people frequently try:

Licorice

Guava

St. John's Wort



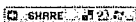
- Herbal Remedies:
 - Licorice (used as a topical gel)
 - Guava leaves (used as a tea)
 - Chinese herbal teas
 - St. John's wort (used as a lotion or tea)
- Probiotics: taken by mouth, they help "good" bacteria to grow in the intestines, which is thought to help relieve inflammation.
- Homeopathic Remedies: based on the idea of treating diseases with substances that cause similar symptoms. Examples include arsenicum album (arsenic oxide) and calcarea carbonica (ground oyster shell).
- Hypnosis
- Acupuncture
- Gamma linoleic acid oils
 - Evening Primrose oil
 - Borage oil

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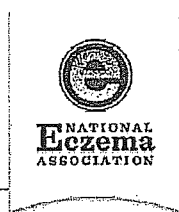
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The products listed have applied for and been awarded the National Eczema Association Seal of Acceptance. Select particular product for more information, or scroll down the page to view all products. Read information about the Seal of Acceptance criteria and application process here.

The importance of moisturizing cannot be over emphasized as a treatment for eczema and sensitive skin. Moisturizers maintain skin hydration and barrier function. Generic petroleum jelly and mineral oil (without additives) are two of the safest, most effective moisturizing products.

Special Note: Nut oil, food/plant derivatives, and some natural ingredients can raise allergy issues for some individuals, and be of concern for pediatric patients. Each Seal of Acceptance Review will alert consumers to the presence of nut oils and similar natural ingredients. Contact your medical professional for guidance.

- AVEENO® Baby Eczema Therapy Moisturizing Cream
- AVEENO® Baby Cleansing Therapy Moisturizing Wash
- AVEENO® Eczema Therapy Moisturizing Cream
- Albolene Moisturizing Cleanser®
- Bella Dry Skin Formula Moisturizing Body Bar
- Ceratopic® Ceramids Replenishing Cream
- CeraVe® Hydrating Cleanser
- CeraVe® Moisturizing Cream
- CeraVe® Moisturizing Lotion
- Cetaphil® RESTORADERM® Body Wash
- Cetaphil® RESTORADERM® Moisturizer
- Curoil Itch Defense Skil
- Balancing Moisture Lotion
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- Exederm Body Oil
- Exederm Cleansing Wash
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- Exederm Intensive Moisture Cream
- Exederm Baby Bath
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- Kiss of Nature Oh My Baby!! Liquid Castile Hand & Body Soap
- Kiss of Nature Oh My Baby!! Moisturizing Castile Body Bar
- Kiss of Nature Oh My Sassy Baby!!
- MD Moms® Baby Silk Gentle All-Over Clean Hair & Body Wash
- MD Moms® Baby Silk Gentle All-Over Clean Hair & Body Wash - unfragranced
- MD Moms® Baby Silk Daily Skin Protection Moisturizing Balm
- MD Moms® Baby Silk Daily Skin Protection Moisturizing Balm - unfragranced
- Moisturizing Castile Bar with Goat Milk
- Mustela® Dermo-Pediatrics Stelatopia Cream Cleanser
- Mustela® Dermo-Pediatrics Stelatopia Milky Bath Oil
- Mustela® Dermo-Pediatrics Stelatopia Moisturizing Cream
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AVEENO® BABY ECZEMA THERAPY MOISTURIZING CREAM

AVEENO® BABY CLEANSING THERAPY MOISTURIZING WASH

AVEENO® ECZEMA THERAPY MOISTURIZING CREAM

www.aveeno.com

The moisturizing creams are especially formulated to be mild even for itchy, extra dry skin. The creamy baby cleansing wash is formulated to gently cleanse without damaging the skin's barrier and is clinically mild for sensitive skin.



www.aveeno.com

Seal of Acceptance Rating: 4 out of 5 ****

The AVEENO® Baby Eczema Therapy Moisturizing Cream and AVEENO® Eczema Therapy Moisturizing Cream contains Avena Saliva (Oat) Kernel Flour, Oat Oil and Oat Extract. These ingredients may be of concern as it relates to future potential food allergies.

The AVEENO® Baby Cleansing Therapy Moisturizing Wash contains methylisothiazolinone, sodium chloride and sodium benzoate. These ingredients are potential irritants at concentration levels thought to be insignificant for most patients. This product also contains Gamma Treated Colloidal Oat Flour (Oat Flour (Avena Saliva)). This ingredient may be of concern as it relates to future potential food allergies.

Information regarding the FDA classification of colloidal oat can be found at: [Federal Drug Administration Colloidal Oatmeal Classification](#).

ALBOLENE MOISTURIZING CLEANSER®

www.albolene cleanser.com

Albolene® Moisturizing Cleanser is an effective and gentle makeup remover that also provides great moisturizing benefits. Albolene contains mineral oil, petrolatum paraffin, ceresin and beta-carotene. Used immediately after the bath or shower, Albolene is a good occlusive preparation to seal in the water and hydrate the skin.



www.albolene cleanser.com

Seal of Acceptance Rating: 5 out of 5 *****

These products do not contain known irritants to eczema or sensitive skin.

BELLA DRY SKIN FORMULA MOISTURIZING BODY BAR

www.buybellasoap.com

Bella Dry Skin Formula™ uses ingredients with quick skin penetration that act as humectants, attracting external moisture, holding moisture close to the skin, and forming a breathable film to prevent moisture loss. Fragrance-free and no preservatives or dyes.



www.buybellasoap.com

Seal of Acceptance Rating: 4 out of 5 ****

This product contains ingredients that may be of concern as it relates to food allergies and skin sensitization. Bella Dry Skin Formula Moisturizing Body Bar contains coconut oil (20 – 25%) goat milk (5 – 15%) and shea butter (1 – 5%)

SKINMEDICA, INC. CERATOPIC® CERAMIDE REPLENISHING CREAM

www.desonate.com

Ceratopic Ceramide Replenishing Cream relieves dryness, itching, and irritation for a noticeably smoother, silkier feel as it restores the skin's natural barrier function to provide long-lasting hydration.



www.desonate.com

Seal of Acceptance Rating: 4 out of 5 ****

This product may contain potential irritants at concentration levels thought to be insignificant for most patients. Manufacturer has provided extensive testing and sensitivity data to determine acceptability. These ingredients include methylparaben and propylparaben. This product contains Avena Saliva (Oat) Kernel Extract. This ingredient may be of concern as it relates to future potential food allergies.

CERAVE® HYDRATING CLEANSER

CERAVE® MOISTURIZING CREAM

CERAVE® MOISTURIZING LOTION

www.cerave.com

CeraVe® Moisturizing Cream and CeraVe® Moisturizing Lotion increases the skin's ability to attract, hold and distribute moisture and also form a protective layer over the skin's surface to help prevent moisture loss. CeraVe® Hydrating Cleanser gently cleanses the skin while helping to maintain the right moisture balance. These products are fragrance-free, non-irritating and non-comedogenic.



www.cerave.com

Seal of Acceptance Rating: 4 out of 5 ****

These products may contain potential irritants at concentration levels thought to be insignificant for most patients. Manufacturer has provided extensive testing and sensitivity data to determine acceptability. These ingredients include the preservatives methylparaben and propylparaben.

CETAPHIL® RESTORADERM® BODY WASH

CETAPHIL® RESTORADERM® MOISTURIZER

www.cetaphil.com

RESTORADERM® Body Wash and Moisturizer soothe, restore and moisturize to help alleviate the dryness and itching associated with eczema and atopic dermatitis. RESTORADERM® products are fragrance free and clinically proven to be non-irritating and non-drying to the skin of people with atopic dermatitis and eczema.



www.cetaphil.com

Seal of Acceptance Rating: 4 out of 5 ****

These products may contain known allergens that may cause reactions for some food allergic patients. These products contain butyrospermum Parkii (shea butter) and Helianthus Annuus (sunflower seed oil). These are rare allergens, and may be of concern as it relates to food allergies. Geldarima Laboratories states that the manufacturer of the sunflower seed oil certifies that the oil is refined. Since the allergenic moieties are thought to be in the protein, NEA notes the absence of such in the component used for the Cetaphil® RESTORADERM® Moisturizer.

CURÉL ITCH DEFENSE SKIN BALANCING MOISTURE LOTION

www.curel.com

This fragrance-free formula brings long-lasting itch relief to your skin everyday by instantly rebalancing dry, aggravated skin while also controlling flare-ups. In addition it is dermatologist, pediatrician and allergist tested.



www.curel.com

Seal of Acceptance Rating: 4 out of 5 ****

This product may contain potential irritants at concentration levels thought to be insignificant for most patients. Manufacturer has provided extensive testing and sensitivity data to determine acceptability. These ingredients include methylparaben, propylparaben, and propylene glycol isosterate.

EXEDERM BODY LOTION
EXEDERM BODY OIL
EXEDERM CLEANSING WASH
EXEDERM FLARE CONTROL CREAM
EXEDERM INTENSIVE MOISTURE CREAM
EXEDERM BABY BATH
EXEDERM BABY LOTION
EXEDERM BABY MOISTURIZING CREAM
EXEDERM BABY OIL
EXEDERM BABY SHAMPOO
EXEDERM CONDITIONER
EXEDERM SHAMPOO

www.exederm.com

The Exederm products have been formulated to avoid harsh chemicals and unnecessary additives that may irritate and cause a rash on sensitive skin or trigger an eczema flare-up.

Exederm Skin Care Range:

- Body Lotion
- Body Oil
- Cleansing Wash
- Flare Control Cream
- Intensive Moisture Cream

exederm skin care range



www.exederm.com

Seal of Acceptance Rating: 5 out of 5 *****

These products do not contain known irritants to eczema or sensitive skin.

Exederm Baby Care Range:

- Baby Bath
- Baby Lotion
- Baby Moisturizing Cream
- Baby Oil
- Baby Shampoo

exederm children's range



www.exederm.com

Seal of Acceptance Rating: 5 out of 5 *****

These products do not contain known irritants to eczema or sensitive skin.

Exederm Hair Care Range:

- Conditioner
- Shampoo

exederm hair care range



www.exederm.com

Seal of Acceptance Rating: Shampoo 5 out of 5 *****
 Seal of Acceptance Rating: Conditioner 4 out of 5 ****
 contains plant derived dimethylstearylamine - no testing data available

HYDROLATUM®

www.hydrolatum.com

Hydrolatum® provides serious relief for seriously dry skin. Hydrolatum's soothing formulate creates a protective barrier on the skin's surface, locking in moisture and locking out irritants. Apply sparingly to affected areas, as often as needed. Ideal for sensitive skin!



www.hydrolatum.com

Seal of Acceptance Rating: 4 out of 5 ****
 Product may contain a potential irritant at concentration levels thought to be insignificant for most patients. Manufacturer has provided extensive testing and sensitivity data to determine acceptability. This ingredient is methylparaben.

KISS OF NATURE OH MY BABY!! LIQUID CASTILE HAND & BODY SOAP

KISS OF NATURE OH MY BABY!! MOISTURIZING CASTILE BODY BAR

KISS OF NATURE OH MY SASSY BABY!! MOISTURIZING CASTILE BAR WITH GOAT MILK

www.kissofnaturesoap.com

Fresh, long-lasting handcrafted soap good for your skin! Kiss of Nature natural soaps are animal-free and crafted from the highest quality plant oils without damaging or harsh detergents. Three Kiss of Nature Products have received the Seal of Acceptance:

KISS OF NATURE



www.kissofnaturesoap.com

Seal of Acceptance Rating: 5 out of 5 *****
 These products do not contain known irritants to eczema or sensitive skin. Oh My Baby! Kiss of Nature Fragrance Free Moisturizing Body Bar

Oh My Baby! Kiss of Nature Fragrance Free Liquid Castile Hand Soap

Seal of Acceptance Rating: 4 out of 5 ****
 This product contains an ingredient that may be of concern as it relates to food allergies and skin sensitization. Oh My Sassy Baby! Kiss of Nature Handcrafted Soap - Fragrance-Free Moisturizing Body Bar with Goat Milk contains 25% Fresh Raw Goat Milk.

Oh My Sassy Baby! Kiss of Nature Fragrance Free Moisturizing Body Bar with Goat Milk

MD MOMS® BABY SILK GENTLE ALL-OVER CLEAN HAIR & BODY WASH

MD MOMS® BABY SILK GENTLE ALL-OVER CLEAN HAIR & BODY WASH - UNFRAGRANCED

MD MOMS® BABY SILK DAILY SKIN PROTECTION MOISTURIZING BALM

MD MOMS® BABY SILK DAILY SKIN PROTECTION MOISTURIZING BALM - UNFRAGRANCED

www.md moms.com

The hair & body wash includes a blend of gentle ingredients that won't interfere with the skin's natural moisture barrier. The moisturizing balm is quick-absorbing, lightweight, and is perfect for restoring and maintaining the skin's moisture barrier. These products are paraben-free, preservative-free, sulfate-free, hypoallergenic and contain no



www.md moms.com

phthalates, lanolin, mineral oil, petroleum, waxes, wheat or gluten.

EASE Rating: 4 out of 5 ****

The MD Moms® Baby Silk Gentle All-Over Clean Hair & Body Wash and MD Moms® Baby Silk Daily Skin Protection Moisturizing Balm products contain fragrance at concentration levels thought to be insignificant for most patients. The manufacturer has provided extensive information that the fragrance blend meets current standards to be free from known sensitizing agents.

Further information regarding these products' fragrance can be found [here](#).

The MD Moms® Baby Silk Daily Skin Protection Moisturizing Balm (both the regular and the unfragranced versions) contain *butyrospermum parkii* (shea butter), a rare allergen that may be of concern as it relates to food allergies.

**MUSTELA® Dermo-Pediatrics
STELATOPIA CREAM CLEANSER**

**MUSTELA® Dermo-Pediatrics
STELATOPIA MILKY BATH OIL**

**MUSTELA® Dermo-Pediatrics
STELATOPIA MOISTURIZING CREAM**

www.mustelausa.com

Mustela® Dermo-Pediatrics Stelatopia Cream Cleanser, Stelatopia Milky Bath Oil, and Stelatopia Moisturizing Cream are designed to address the needs of sensitive skin. These products are hypoallergenic, non-irritating, fragrance-free, paraben-free and have no artificial colorants.



www.mustelausa.com

Seal of Acceptance Rating: 5 out of 5 *****

These products do not contain known irritants to eczema or sensitive skin.

NEOSPORIN®

www.neosporinessentials.com

The NEOSPORIN® ESSENTIALS™ products have RELIPID™ formulas that contain a blend of ingredients to help retain moisture for healthy-looking skin.



www.neosporinessentials.com

Seal of Acceptance Rating: 4 out of 5 ****

The Neosporin® Moisture Essentials™ Daily Body Wash contains sodium laureth sulfate and dipropylene glycol. These ingredients are potential irritants at concentration levels thought to be insignificant for most patients.

The Neosporin® Eczema Essentials™ Daily Moisturizing Cream contains colloidal oatmeal, oat kernel oil and oat kernel extract, and the Neosporin® Moisture Essentials™ Daily Body Wash contains oat kernel extract. These ingredients may be of concern as it relates to future potential food allergies.

Information regarding the FDA classification of colloidal oat can be found at: [Federal Drug Administration Colloidal Oatmeal Classification](#).

SKIN FREE® EXTRA MOISTURIZING SOAP

www.skinfree.net

Skin Free Extra Moisturizing Soap is extra moisturizing for delicate, sensitive or very dry skin. The soap bar may also be used as a perfect conditioning shampoo with no greasy look after.



www.skinfree.net

Seal of Acceptance Rating: 4 out of 5 ****

This product may contain potential irritants at concentration levels thought to be insignificant for most patients. This product may also contain known allergens that may cause reactions for some food allergic patients.

Skin Free® Extra Moisturizing Soap contains Sodium Hydroxide 11% identified by the Environmental Working Group's SKIN DEEP cosmetic safety database as a moderate hazard at low doses. This product contains shea butter and coconut oil, which may be of concern as it relates to potential food allergies, but is thought to be unlikely; no testing data exists.

Theraplex Clear Lotion

Theraplex Emollient

www.theraplex.com



Theraplex Clear Lotion and Theraplex Emollient repair the barrier layer and immediately enables the skin to retain moisture and heal itself. The special petrolatum fraction forms a greaseless, durable micro-protective barrier.

www.theraplex.com

Seal of Acceptance Rating: 5 out of 5 *****

These products do not contain known irritants to eczema or sensitive skin.

Triple Cream® by Summers Laboratories, Inc.

www.triple-cream.com



New from the makers of Triple Paste, Triple Cream Eczema Care is a premium formula for baby's severe dry skin. The fragrance free formula provides soothing relief for baby eczema.

www.triple-cream.com

Seal of Acceptance Rating: 4 out of 5 *****

This product may contain potential irritants at concentration levels thought to be insignificant for most patients.

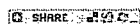
Triple Cream® contains benzyl alcohol identified by the Environmental Working Group's SKIN DEEP cosmetic safety database as a moderate hazard at low doses and sorbitan sesquiolate identified as a low hazard in moderate doses. This product also contains oat (avena saliva) extract, which may be of concern as it relates to potential food allergies, but is thought to be unlikely; no testing data exists.

Rate this item:

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Learn more about:

Allergies Bathing Ingredients Irritants-Allergens Moisturizing Products Seal of Acceptance Treatment



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Declaration of Lisa N. Congleton

EXHIBIT I



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Atopic dermatitis (eczema)

By Mayo Clinic staff

Original Article: <http://www.mayoclinic.com/health/eczema/DS00986>

Definition

Atopic dermatitis (eczema) is an itchy inflammation of your skin. It's a long-lasting (chronic) condition that may be accompanied by asthma or hay fever.



Atopic dermatitis

Eczema may affect any area of your skin, but it typically appears on your arms and behind your knees. It tends to flare periodically and then subside. The cause of atopic dermatitis is unknown, but it may result from a combination of inherited tendencies for sensitive skin and malfunction in the body's immune system.

Self-care measures, such as avoiding soaps or other irritants and applying creams or ointments, can help relieve itching. See your doctor if your symptoms distract you from your daily routines or prevent you from sleeping.

Symptoms

Signs and symptoms of atopic dermatitis (eczema) include:



Atopic dermatitis

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- Red to brownish-gray colored patches



Atopic dermatitis on the chest

- Itching, which may be severe, especially at night



Infantile eczema

- Small, raised bumps, which may leak fluid and crust over when scratched
- Thickened, cracked or scaly skin
- Raw, sensitive skin from scratching

Though the patches can occur anywhere, they most often appear on the hands and feet, in the front of the bend of the elbow, behind the knees, and on the ankles, wrists, face, neck and upper chest. Atopic dermatitis can also affect the skin around the eyes, including your eyelids. Scratching can cause redness and swelling around the eyes.

Atopic dermatitis most often begins in childhood before age 5 and may persist into adulthood. For some, it flares periodically and then subsides for a time, even up to several years. Itching may be severe, and scratching the rash can make it even itchier and cause more inflammation. Once the skin barrier is broken, the skin can become infected by bacteria, especially *Staphylococcus aureus*, which commonly live on the skin. Breaking this itch-scratch cycle can be challenging.

Factors that worsen atopic dermatitis

Most people with atopic dermatitis also have *Staphylococcus aureus* bacteria on their skin. The staph bacteria multiply rapidly when the skin barrier is broken and fluid is present on the skin, which in turn may worsen symptoms, particularly in young children.

Other factors that can worsen signs and symptoms of atopic dermatitis include:

- Dry skin
- Long, hot baths or showers
- Stress
- Sweating
- Rapid changes in temperature
- Low humidity
- Solvents, cleaners, soaps or detergents
- Wool or man-made fabrics or clothing

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- Dust or sand
- Cigarette smoke
- Living in cities where pollution is high
- Certain foods, such as eggs, milk, fish, soy or wheat

Infantile eczema

When atopic dermatitis occurs in infants, it's called infantile eczema. This condition may continue into childhood and adolescence.

Infantile eczema often involves an oozing, crusting rash, mainly on the skin of the face and scalp, but it can occur anywhere. After infancy, the rash becomes dryer and tends to be red to brown-gray in color. In adolescence, the skin may be scaly or thickened and easily irritated. The intense itching may continue.

When to see a doctor

See your doctor if:

- You're so uncomfortable that you're losing sleep or are distracted from your daily routines
- Your skin is painful
- You suspect your skin is infected
- You've tried self-care steps without success

If you suspect your child has atopic dermatitis or you notice the above signs and symptoms, see your child's doctor.

Early, effective treatment helps keep atopic dermatitis from worsening. The more severe it becomes, the more difficult it is to control.

Causes

The exact cause of atopic dermatitis (eczema) is unknown, but it's likely due to a combination of dry, irritable skin with a malfunction in the body's immune system. Stress and other emotional disorders can worsen atopic dermatitis, but they don't cause it.

Most experts believe atopic dermatitis has a genetic basis. It has been thought to be connected to asthma and hay fever, but that theory is being questioned. Not all people with atopic dermatitis have asthma or hay fever, and not all people with asthma or hay fever develop atopic dermatitis, but these diseases do seem to be present together in families of those affected.

Complications

Complications of atopic dermatitis (eczema) include:

- **Neurodermatitis.** Prolonged itching and scratching may increase the intensity of the itch, possibly leading to neurodermatitis (lichen simplex chronicus). Neurodermatitis is a condition in which an area of skin that's frequently scratched becomes thick and leathery. The patches can be raw, red or darker than the rest of your skin. Persistent scratching can also lead to permanent scars or changes in skin color.
- **Skin infections.** Sometimes, scratching can break the skin and cause open sores and fissures that can become infected, a process called impetiginization. A milder form of infection is impetigo, usually due to staphylococcal infection. Having atopic dermatitis predisposes you to this infection.
- **Eye complications.** Severe atopic dermatitis can also cause eye complications, which may lead to permanent eye damage. When these complications occur, itching in and around the eyelids becomes severe. Signs and symptoms of eye complications also include eye watering and inflammation of the eyelid (blepharitis) and the lining of the eyelid (conjunctivitis). If you suspect complications with your eyes, see your doctor promptly.

Preparing for your appointment

You're likely to start by seeing your family or primary care doctor. However, in some cases when you call to set up an appointment, you may be referred to a specialist in skin diseases (dermatologist).

It's good to prepare for your appointment. Here's some information to help you get ready for your appointment, and to know what to expect from your doctor.

What you can do

- **Write down your signs and symptoms, when they occurred and how long they lasted.** Also, it may help to write down any factors that triggered or worsened your symptoms, such as soaps or detergents, tobacco smoke, sweating, or long, hot showers.
- **Make a list of all medications,** including vitamins, herbs and over-the-counter drugs, you're taking. Even better, take the original bottles and a written list of the dosages and directions.

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- **Write down questions to ask your doctor.** Don't be afraid to ask questions or to speak up when you want something clarified.

For atopic dermatitis, some basic questions you might ask your doctor include:

- What might be causing the signs and symptoms?
- Are tests needed to confirm the diagnosis?
- What treatment approach do you recommend, if any?
- Is this condition temporary or chronic?
- Can I wait to see if the condition goes away on its own?
- What are the alternatives to the primary approach that you're suggesting?
- What skin care routines do you recommend to improve my symptoms?

What to expect from your doctor

Your doctor is likely to ask you several questions, including:

- When did you begin having symptoms?
- How often do you have these symptoms?
- Have your symptoms been continuous or occasional?
- What, if anything, seems to improve your symptoms?
- What, if anything, appears to worsen your symptoms?
- Do you or any family members have asthma or allergies?
- What products do you use on your skin?

Tests and diagnosis

There is no test to definitively diagnose atopic dermatitis (eczema). Instead, it's typically diagnosed based on an examination of your skin and a review of your medical history.

Treatments and drugs

Treatments for atopic dermatitis (eczema) aim to reduce inflammation, relieve itching and prevent future flare-ups. Over-the-counter (nonprescription) anti-itch creams and other self-care measures may help control mild atopic dermatitis.

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Although atopic dermatitis is related to allergies, eliminating allergens is rarely helpful in clearing the condition. Occasionally, items that trap dust — such as feather pillows, down comforters, mattresses, carpeting and drapes — can worsen the condition. Allergy shots usually aren't successful in treating atopic dermatitis.

Medications

- **Corticosteroid creams or ointments.** Your doctor may recommend prescription corticosteroid creams or ointments to ease scaling and relieve itching. Some low-potency corticosteroid creams are available without a prescription, but you should always talk to your doctor before using any topical corticosteroid. Side effects of long-term or repeated use can include skin irritation or discoloration, thinning of the skin, infections, and stretch marks on the skin.
- **Antibiotics.** You may need antibiotics if you have a bacterial skin infection or an open sore or fissure caused by scratching. Your doctor may recommend taking antibiotics for a short time to treat an infection or for longer periods of time to reduce bacteria on your skin and to prevent recurrent infections.
- **Oral antihistamines.** If itching is severe, oral antihistamines may help. Diphenhydramine (Benadryl, others) can make you sleepy and may be helpful at bedtime. If your skin cracks open, your doctor may prescribe mildly astringent wet dressings to prevent infection.
- **Oral or injected corticosteroids.** For more severe cases, your doctor may prescribe oral corticosteroids, such as prednisone, or an intramuscular injection of corticosteroids to reduce inflammation and to control symptoms. These medications are effective, but can't be used long term because of potential serious side effects, which include cataracts, loss of bone mineral (osteoporosis), muscle weakness, decreased resistance to infection, high blood pressure and thinning of the skin.
- **Immunomodulators.** A class of medications called immunomodulators, such as tacrolimus (Protopic) and pimecrolimus (Elidel), affect the immune system and may help maintain normal skin texture and reduce flares of atopic dermatitis. This prescription-only medication is approved for children older than 2 and for adults. Due to possible concerns about the effect of these medications on the immune system when used for prolonged periods, the Food and Drug Administration recommends that Elidel and Protopic be used

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only when other treatments have failed or if someone can't tolerate other treatments.

Light therapy (phototherapy)

As the name suggests, this treatment uses natural or artificial light. The simplest and easiest form of phototherapy involves exposing your skin to controlled amounts of natural sunlight. Other forms of light therapy include the use of artificial ultraviolet A (UVA) or ultraviolet B (UVB) light including the more recently available narrow band ultraviolet B (NBUVB) either alone or with medications.

Though effective, long-term light therapy has many harmful effects, including premature skin aging and an increased risk of skin cancer. For these reasons, it's important to consult your doctor before using light exposure as treatment for atopic dermatitis. Your doctor can advise you of possible advantages and disadvantages of light exposure in your specific situation.

Infantile eczema

Treatment for infantile eczema includes identifying and avoiding skin irritations, avoiding extreme temperatures, and lubricating your baby's skin with bath oils, lotions, creams or ointments.

See your baby's doctor if these measures don't improve the rash or if the rash looks infected. Your baby may need a prescription medication to control his or her symptoms or to treat the infection. Your doctor may recommend an oral antihistamine to help lessen the itch and to cause drowsiness, which may be helpful for nighttime itching and discomfort.

Lifestyle and home remedies

To help reduce itching and soothe inflamed skin, try these self-care measures:

- **Try to identify and avoid triggers that worsen the inflammation.** Rapid changes of temperature, sweating and stress can worsen the condition. Avoid direct contact with wool products, such as rugs, bedding and clothes, as well as harsh soaps and detergents.
- **Apply an anti-itch cream or calamine lotion to the affected area.** A nonprescription hydrocortisone cream, containing at least 1 percent hydrocortisone, can temporarily relieve the itch. A nonprescription oral antihistamine, such as diphenhydramine (Benadryl, others), may be helpful if itching is severe.
- **Avoid scratching whenever possible.** Cover the itchy area if you can't keep from scratching it. Trim nails and wear gloves at night.

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- **Apply cool, wet compresses.** Covering the affected area with bandages and dressings can help protect the skin and prevent scratching.
- **Take a warm bath.** Sprinkle the bath water with baking soda, uncooked oatmeal or colloidal oatmeal — a finely ground oatmeal that is made for the bathtub (Aveeno, others). Or, add 1/2 cup (118 milliliters) of bleach to a U.S. standard-sized bathtub (40 gallons; 151 liters) filled to the overflow drainage holes with warm water. The diluted bleach bath is thought to kill bacteria that grow on the skin.
- **Choose mild soaps without dyes or perfumes.** Be sure to rinse the soap completely off your body.
- **Moisturize your skin.** Use an oil or cream to seal in moisture while your skin is still damp from a bath or shower. Pay special attention to your legs, arms, back and the sides of your body. If your skin is already dry, consider using a lubricating cream.
- **Use a humidifier.** Hot, dry indoor air can parch sensitive skin and worsen itching and flaking. A portable home humidifier or one attached to your furnace adds moisture to the air inside your home. Portable humidifiers come in many varieties. Choose one that meets your budget and any special needs. And be sure to keep your humidifier clean to prevent the growth of bacteria and fungi.
- **Wear cool, smooth-textured cotton clothing.** Avoid clothing that's rough, tight, scratchy or made from wool. This will help you avoid irritation. Also, wear appropriate clothing in hot weather or during exercise to prevent excessive sweating.

Alternative medicine

Many alternative therapies — including chamomile, evening-primrose oil, witch hazel extract and borage seed oil — have been touted as possible ways to treat atopic dermatitis (eczema). However, there's no conclusive evidence that any of these alternative therapies are effective.

If you're considering dietary supplements or other alternative therapy to treat atopic dermatitis, consult your doctor. He or she can help you weigh the pros and cons of specific alternative therapies.

Prevention

Avoiding dry skin may be one factor in helping to prevent future bouts of dermatitis. These tips can help you minimize the drying effects of bathing on your skin:

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- **Bathe less frequently.** Try going a day or two without a shower or bath. When you do bathe, limit yourself to 15 to 20 minutes, and use warm, rather than hot, water. Using a bath oil also may be helpful.
- **Use only certain soaps or synthetic detergents.** Choose mild soaps that clean without excessively removing natural oils. Deodorant and antibacterial soaps may be more drying to your skin. Use soap only on your face, underarms, genital areas, hands and feet. Use clear water elsewhere.
- **Dry yourself carefully.** Brush your skin rapidly with the palms of your hands, or gently pat your skin dry with a soft towel after bathing.
- **Moisturize your skin.** Moisturizers provide a seal over your skin to keep water from escaping. Thicker moisturizers work best, such as over-the-counter brands Cetaphil, Vanicream and Eucerin. You may also want to use cosmetics that contain moisturizers. If your skin is extremely dry, you may want to apply an oil, such as baby oil, while your skin is still moist. Oil has more staying power than moisturizers do and prevents the evaporation of water from the surface of your skin.

References

Aug. 23, 2011

DS00986

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